PTO/SB/61 (11-08)
Approved for use through 11/30/2011. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND

| Application Number     | 10/596,064                     |  |  |
|------------------------|--------------------------------|--|--|
| Filing Date            | 2007-05-22                     |  |  |
| First Named Inventor   | Yi-Zoong KIM                   |  |  |
| Title                  | Cuttoff Device with Liquid Bag |  |  |
| Art Unit               | 4127                           |  |  |
| Examiner Name          | Nicholas A. WILBUR             |  |  |
| Attorney Docket Number | 54124-10100                    |  |  |

| CHANGE OF CORRESPONDENCE ADDRESS   | Examiner                        | varne                                 | NICHOIAS A. WILBOR                                   |  |
|--|---------------------------------|---------------------------------------|--|--|
| CHANGE OF CORRESPONDENCE ADDRESS   |                                 | ocket Number                          | 54124-10100  |  |
| I hereby revoke all previous powers of attorney given i  | n the above                     | e-identified ap                       | pplication.  |  |
| A Power of Attorney is submitted herewith.   |                                 |                                       |  |  |
| OR I hereby appoint Practitioner(s) associated with the following Ci Number as my/our attomey(s) or agent(s) to prosecute the app identified above, and to transact all business in the United State and Trademark Office connected therewith: |                                 | ication                               |  |  |
| OR I hereby appoint Practitioner(s) named below as my/our atte to transact all business in the United States Patent and Tra  | orney(s) or ag<br>demark Office | ent(s) to prosec<br>connected ther    | eute the application identified above, and rewith:   |  |
| Practitioner(s) Name   |                                 | Registration Number                   |  |  |
|  |                                 | · · · · · · · · · · · · · · · · · · · |  |  |
|  |                                 |                                       |  |  |
|  |                                 |                                       |  |  |
|  |                                 |                                       |  |  |
| The address associated with the above-mentioned Custom  OR  The address associated with Customer Number:  OR   |                                 |                                       |  |  |
| Firm or Individual Name Address  |                                 | -                                     |  |  |
|  |                                 |                                       |  |  |
| City   |                                 | State                                 | Zip  |  |
| Country Telephone  |                                 | mail                                  |  |  |
| Lam the:   X   | itted herewith                  | or filed on                           | rd.  |  |
| Signature Y: - 2 PA  | MODELL OF ASS                   | Da Da                                 |  |  |
| Name Yi-Zoong KIM  | al I                            |                                       | lephone 12-2-417-649                                 |  |
| Title and Company  |                                 |                                       |  |  |
| NOTE Signatures of all the inventors or assignees of record of the entire in signature is required, see below*   | nterest or their                | epresentative(s) a                    | ere required. Submit multiple forms if more than one |  |
| *Total offorms are submitted.  |                                 |                                       |  |  |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, studied be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.